2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104203

MCLAIN, MARY

3755 7TH TERRACE SUITE 301

VERO BEACH, FL 32960

Name:

Address:

City-St-Zip:

FILED Mar 31, 2004 Secretary of State

Entity Nai	me: GHA OS	PREY POINTE, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
SUITE 301	TERRACE ACH, FL 3296	0					
Current Mailing Address:			New Maili	New Mailing Address:			
SUITE 301	TERRACE ACH, FL 3296	0					
FEI Number: 65-0973436 FEI Number Applied For () FEI N			FEI Number Not App	mber Not Applicable () Certificate of State		sired (X)	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE 301	TERRACE	0 US					
	named entity of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered age	ent, or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered Age	ent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (HENN, PETER 3755 7TH TER VERO BEACH,	R., STE 301	Title: Name: Address: City-St-Zip:	PD (X RITCHEY, SCO 3755 7TH TER VERO BEACH,	R., STE 301		
Title: Name: Address: City-St-Zip:	D (STORETVEDT 3755 7TH TER VERO BEACH,	R., STE 301	Title: Name: Address: City-St-Zip:	D (X STORETVEDT 3755 7TH TER VERO BEACH	R., STE 301		
Title: Name: Address: City-St-Zip:	S (NORTH, ANNA 3755 7TH TER VERO BEACH,	R., STE 301	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	VT () Delete	Title:	() Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT RITCHEY P 03/31/2004